

Primafamed Network Meeting 4-5 June 2024

Nairobi

Accommodation and logistics

We will be staying at the Ole Sereni 4-star hotel and conference centre in Nairobi.



Mombasa Road, Nairobi, 00200, Kenya. Tel +254 732 191 000

<https://ole-sereni.com/>

Reservations: Reservations Officer reservations@ole-serenihotel.com

PRIMAFAMED administrative support

Please contact Cindy Harley cindyp@sun.ac.za Tel: +27 21 938 9353

PRIMAFAMED programme

Please contact Bob Mash rm@sun.ac.za

Local liaison in Kenya and WONCA Conference Prof Gulnaz Mohamoud
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Draft Programme

Day 1

08h30-10h00 Main venue: Chair: Jacob Shabani

Welcome from our hosts –James Amisi Akiruga 08h30-08h45

Introduction to the meeting and programme – Bob Mash 08h45-09h00

Overview of PHC Global Report - 'Implementing the Primary Health Care Approach: a Primer' – Faraz Khalid, WHO Geneva 09h00-10h00

10h00-10h30 Tea and coffee

10h30-12h30 Parallel sessions workshops

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| Tsavo room: Building climate resilient and environmentally sustainable PHC – Christian Lokotola (SU and TEAM grant) | Turkana room: Implementing community-orientated primary care – Jacob Shabani (Aga Khan, Kenya) Kenya's experience with PC networks. | Main venue: How to advocate for family medicine with key stakeholders – Martha Makwero (KUHES Malawi) and Jan de Maeseneer (Ghent) |
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12h30-13h30 Lunch

13h30-14h30 Tsavo, Turkana and Main venues: Interactive poster session: Chair Bob Mash

Poster presentations on how postgraduate training programmes address this issue of resilient facilities and services – one of the three key areas in the WHO PHC framework. Sharing of innovations. See allocation of rooms below.

14h30-15h30 Main venue: Feedback on collaborative research results: Akye Essuman

Feedback on development of WHO Collaborating Centres for PHC in Africa and results of the assessment of primary care performance (PCAT) in Benin, Uganda and South Africa: Kefi Bello, Bob Mash, Innocent Besigye, Klaus von Pressentin.

15h30-16h00 Tea-coffee

16h00-17h00 Main venue: Feedback on collaborative research results: Innocent Besigye

Feedback on the work done by the TEAM grant and CliMigHealth network. Results of the work on education of primary care providers on planetary health, and the scoping review on migration and PHC: Christian Lokotola, Bob Mash, Charlotte Scheerens, Ilse Ruyssen.

Day 2

08h00-09h30 Main venue: Chair: Keneilwe Motlhatledi

PHC at the Crossroads of Societal Changes: perspectives for 2030 – Jan de Maeseneer

WONCA, primary care education and research – Viviana Martinez-Bianchi,
President Elect, WONCA World

Entrustable professional activities for postgraduate family medicine training – Louis
Jenkins

09h30-10h30 Main venue: Development of the ECSA-CFP:

Sunanda Ray 10h30-11h00 Tea and coffee

11h00-13h00 Parallel sessions workshops

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| Tsavo room: How to develop an effective learning environment in the workplace – Pius Ameh (AfriWon Namibia) | Turkana room: Critical prescribing in African primary care – Jan de Maeseneer and Oliver van Hecke. (International Society of Drug Bulletins) | Main venue: How to design an effective portfolio of learning for workplace-based assessment – Louis Jenkins (SU South Africa) |
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13h00-13h30 Closure

13h30-14h30 Lunch

After lunch there are also WONCA related meetings of the various working groups and special interest groups. The afternoon can also be an opportunity for research teams to meet.

Breakaway room 1 (Turkana room)

14h30-15h30 PRIMAFAMED Board Meeting: Bob Mash

15h30-17h30 ECSA committee meetings: Sunanda Ray

Breakaway room 2 (Tsavo room)

14h30-15h30 FGI CliMigHealth: Charlotte Scheerens

15h30-16h30 FGI CliMigHealth: Charlotte Scheerens

Poster session Day 1: 13h30-14h30

With up to 7 presentations per session we will plan on 8 minutes per poster, 5 minutes to present and 3 minutes to discuss.

If you are not presenting then please divide yourselves between the venues. If the breakaway rooms are full then please use the main venue.

| | Main venue Chair: Innocent Besigye | Tsavo Chair: Akye Essuman | Turkana Chair: Bob Mash |
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| 1 | Kenya (Aga Khan) | Angola | The Gambia |
| 2 | South Africa (KZN) | Kenya (Moi) | South Africa (UL) |
| 3 | DRC | Nigeria | Namibia |
| 4 | South Africa (UCT) | South Africa (UP) | South Africa (SU) |
| 5 | Uganda | Zambia | Zimbabwe |
| 6 | South Africa (SMU) | Malawi | South Africa (FS) |
| 7 | | | Kenya (Maseno) |

Workshop options Day 1: 10h30-12h30

1.1 Building climate resilient and environmentally sustainable PHC

Christian L. Lokotola and Bob Mash, Division of Family Medicine and Primary Care, Stellenbosch University. Charlotte Scheerens and Ilse Ruysen, Climate Change, Migration and Health network, University of Ghent, Belgium

Building climate resilient and environmentally sustainable primary health care (PHC) is increasingly important as the climate changes. Facilities and services are impacted alongside our communities. Resilience is seen as the ability to prepare for, respond to and recover from significant public health challenges, such as climate change. Often the changes that make us more resilient also make us more environmentally sustainable.

The proposed workshop addresses how to improve the resilience of PHC facilities and services and enhance preparedness in the face of climate-related events. The workshop will be interactive and participatory, and engage with a new facility-level tool to measure the vulnerability and capacity of PHC facilities and services. The tool has already been piloted in Chad and is currently also being piloted in South Africa.

Participants will leave the workshop with an understanding of how the tool works and how it can be used to develop an action plan for facilities to become more resilient.

1.2 Implementing community-orientated primary care – The Kenya Experience in Introducing Primary Care Networks

Jacob Shabani, Department of Family Medicine, Aga Khan University, Kenya.

In Kenya, the landscape of healthcare is evolving rapidly, marked by a transformative initiative: the introduction of Primary Care Networks (PCNs). This workshop aims to delve into Kenya's pioneering journey in establishing and integrating PCNs into the healthcare system.

Kenya's healthcare sector faces multifaceted challenges, including limited access to quality care, geographical disparities, and resource constraints. Recognizing the need for a comprehensive and sustainable solution, the introduction of PCNs emerges as a strategic approach.

By fostering collaboration among various healthcare stakeholders, including primary care providers, specialists, community health workers, and policymakers, PCNs aim to enhance accessibility, continuity, and effectiveness of healthcare services.

Key components of Kenya's PCNs include the establishment of multidisciplinary care teams, integration of health information systems, and promotion of preventive and promotive healthcare strategies. The PCNs are designed to have a modified 'hub and spoke' model. The hub is a PHC referral facility and supports the PHC facilities (the spokes) and community health units (CHUs).

Through case studies and interactive sessions, this workshop will explore the implementation process, successes, challenges, and lessons learned from Kenya's experience with PCNs. Participants will gain insights into the transformative potential of PCNs in strengthening primary healthcare systems, improving health outcomes, and advancing universal health coverage. Moreover, the workshop will facilitate knowledge exchange, networking opportunities, and collaborative efforts towards advancing primary care initiatives in Kenya and globally.

Join us in unravelling Kenya's experience in introducing Primary Care Networks, as we embark on a journey towards building resilient, equitable, and patient-centered universal healthcare.

1.3 How to advocate for family medicine with key stakeholders

*Martha Makwero, Nitta Nayeja, Antonio Giannakis, Wongani Nyirenda, Jan De Maeseneer
Department of Family Medicine, Kamuzu Health Sciences University, Malawi and WHO
Collaborating Centre for Primary Health Care, University of Ghent, Belgium.*

Despite the overwhelming evidence from high-income countries on the value of Family Medicine (FM) in the healthcare system, in Africa, we still have challenges in scaling up and sustaining the gains from FM training. Family medicine as a specialty still faces a lack of recognition, role clarity, and funding. This has the potential to thwart the level of support from ministries of health and other key stakeholders. Family physicians in most

African countries are yet to fulfil their potential in their respective healthcare systems because of an unsupportive policy landscape. It is acknowledged that policymaker engagement and advocacy are always key to the success and sustainability of FM yet, this deliberate task needs to be done with agility and tact. This workshop, therefore, aims to bring FM programs at different stages of their development to share experiences and learn on how the programs can navigate this advocacy task to amplify the FM voice. What packages are useful and how do we optimize unique opportunities in our healthcare systems?

Objectives of the workshop

1. Share experiences of stakeholder engagement and advocacy among countries
2. Share strategies to optimize policymaker engagement and advocacy efforts

The structure of the workshop

The workshop will be interactive and participatory and intends to develop a framework for improving advocacy efforts with policymakers and key stakeholders.

Workshop options Day 2: 11h00-13h00

2.1 Exploring the key factors in developing Family Medicine training sites and creating supportive learning environments in sub-Saharan Africa

Pius Ameh, Engela District Hospital, Helao-Nafidi, Ohangwena Region, Namibia and The AfriWon Research Collaborative.

WHO has issued a call for Health Professions Education (HPE) scale-up to meet the global needs for healthcare. Related to this is the global trend of providing training for students outside of academic tertiary centres. However, there is a dearth of evidence on recommended ways to scale up HPE's quantity, quality and relevance, especially in sub-Saharan Africa. This may present challenges when Family Physicians are appointed to implement training programmes in more service-orientated district hospitals, front line clinics and private practices. This can lead to inefficient throughput of trainees, problematic workplace relationships, little improvement in healthcare quality and physician burnout. In Family Medicine problems are often caused by inadequate training in medical education techniques and unsupportive learning environments.

This workshop will engage participants in a nominal group technique to identify, prioritise and rank the most important factors to consider when establishing a family medicine training site and creating a supportive learning environment in the distributed health service platform. These factors may be incorporated into a future Delphi study to reach consensus within the PRIMAFAMED network and inform educational policy.

2.2 Rational drug prescribing: a challenge and an opportunity for primary care and family medicine in Africa.

Prof. em. Jan De Maeseneer and Prof Oliver Van Hecke, WHOCC on Family Medicine and Primary Health Care – Ghent University, Belgium, and on behalf of the International Society of Drug Bulletins

Rational and evidence based drug prescribing is crucial for enhancing accessibility, quality and sustainability within health care systems. The International Society of Drug Bulletins (ISDB: <https://www.isdbweb.org/>) has contributed to evidence-based drug prescribing on most continents, but not yet in Africa. The aim of ISDB is to encourage and assist the development of independent drug bulletins in all countries and to facilitate co-operation amongst them, thereby enhancing the 'rational' prescribing by health care professionals.

The increasing availability of drugs within the African health systems is positive news. However, it also brings new responsibilities for prescribers, patients, the pharmaceutical industry and healthcare systems. Educational initiatives in the health care provider training programs (undergraduate, post-graduate and continuing professional education) are needed, underpinned by research on prescription behaviour, taking into account the different determinants of drug prescribing. Additionally, patient education on medication use is necessary, but could also enhance patient empowerment. Africa needs a socially accountable pharmaceutical industry that produces quality drugs that are to address acute and chronic conditions. Fair pricing and reimbursement schemes are needed to ensure equitable access to medications.

We intend to prepare an African wide VLIRUOS-Short Initiatives (SI) project during this workshop. An African project on rational prescribing could leverage partnerships with platforms such as the African Journal of Primary Health Care & Family Medicine (www.phcfm.org).

2.3 How to design an effective portfolio of learning for workplace-based assessment

Louis Jenkins, Division of Family Medicine and Primary Care, Stellenbosch University

Globally and in Sub-Saharan Africa health professional education is implementing workplace-based assessment (WBA) methods in postgraduate training. Family medicine in South Africa has also shifted towards WBA, with the development of Entrustable Professional Activities (EPAs). Evidence of learning comes from four main sources in the clinical workplace and is captured in a learning portfolio. Consensus was reached among nine programmes nationally on 22 EPAs for postgraduate family medicine training. Parallel to this process, a transition took place from a paper-based learning portfolio to an e-portfolio. This involved acquiring funding and deciding on the portfolio contents, which focussed on various observation tools, skills logbooks, educational meetings, and multi-source feedback. All the data points in the e-portfolio, including an emphasis on narrative feedback, are aggregated to the 22 EPAs. There is also a move away from scores towards entrustment scales. A clinical competency committee takes a summative decision twice a year on registrar progress, from evidence presented in the e-portfolio.

This workshop will unpack, in a very practical way, through participation and clear examples, the development of a portfolio of learning. It will explore how clinicians and health academics formulate EPAs, and build these into a portfolio, with supporting evidence. It is particularly important to explore and understand how low-resourced countries can implement authentic WBA in the context of EPAs and a portfolio of learning that is feasible and practical.